

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		45	1/16/61
FORMALITY REVIEW			24 31
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/1/52
2	✓	✓	10/1/52
3	✓	✓	10/1/52
4	✓	✓	10/1/52
5	✓	✓	10/1/52
6	✓	✓	10/1/52
7	✓	✓	10/1/52
8	✓	✓	10/1/52
9	✓	✓	10/1/52
10	✓	✓	10/1/52
11	✓	✓	10/1/52
12	✓	✓	10/1/52
13	✓	✓	10/1/52
14	✓	✓	10/1/52
15	✓	✓	10/1/52
16	✓	✓	10/1/52
17	✓	✓	10/1/52
18	✓	✓	10/1/52
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25	✓	✓	10/1/52
26	✓	✓	10/1/52
27	✓	✓	10/1/52
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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